Saguaro National Park West

Wilderness Camp Registration Form

Participant #1		Age	
Participant #2		Age	
Parent			
Address			
City		State	Zip
Home Phone	Cell Phone	Work Phone	
Email			
If anyone else will be resp	onsible for emergencies or transpor	rtation to and/or from the c	amp, please note below.
Name Relationship		nship	Phone
Other instructions			
Does your child have any a	llergies (especially to bee stings), h	ealth concerns, disabilities,	or special needs? If so, how
can we best meet your chil			
* Please print your child's	name on the line below as they want	it to appear on their certif	icate and name tag.
Parent signature			Date
as well. Send your check	per child. Please make checks pay , the registration form, and the F 700 N. Kinney Rd., Tucson, AZ 8	Parent Approval and Medico	al Authorization Form to:
Park Use Only			
\$40.00 fee paid with: Cash	Check # Received By	y: Date	